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APPLICANTS

Chia-Gee Wang, Millwood, NY;
 Lawrence Nelson, Quakertown, PA;

**** CONTINUING DATA *******

This appn claims benefit of 60/408,313 09/05/2002

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
03/23/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NY	6	121	6
Verified and Acknowledged	JAMES D ANDERSON/ Examiner's Signature	Initials				

ADDRESS

LADAS & PARRY LLP
 1040 Avenue of the Americas
 NEW YORK, NY 10018-3738
 UNITED STATES

TITLE

Chemotherapy method using x-rays

FILING FEE RECEIVED 1488	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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